

Fill in this information to identify your case:

Debtor 1	Derrick	H.	Garner
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of Pennsylvania			
Case number (If known)	17-11514		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Pennsylvania Department of Revenue Priority Creditor's Name Bankruptcy Division Number Street P.O. Box 280946 Harrisburg PA 17128 City State ZIP Code	Last 4 digits of account number 6 1 3 4 \$ 457.90 \$ 206.07 \$ 251.73
When was the debt incurred? 03/16/2016	
As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of PRIORITY unsecured claim:	
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.2

Phila. Water Revenue Bureau Priority Creditor's Name 1100 Market St. Number Street Phila., PA 19107 City State ZIP Code	Last 4 digits of account number 7 0 0 1 \$ 852.00 \$ 852.00 \$
When was the debt incurred? 01/08/2016	
As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Type of PRIORITY unsecured claim:	
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 Derrick H. Garner
First Name Middle Name Last NameDocument Page 2 of 3
Case number (if known) 17-11514**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

<input type="checkbox"/> Phila. Electric Company	Priority Creditor's Name	Last 4 digits of account number	1 4 0 7	\$ 1,983.00	\$ 1,983.00	\$ _____
P.O. Box 37629 Number Street Phila., PA 19101		When was the debt incurred?	02/10/2016			
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<input type="checkbox"/> pHLA. Gas Works	Priority Creditor's Name	Last 4 digits of account number	1 4 0 7	\$ 2,739.00	\$ 2,739.00	\$ _____
Post Office Box 11700 Number Street		When was the debt incurred?	_____			
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Who incurred the debt? Check one.						
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
<input type="checkbox"/>	Priority Creditor's Name	Last 4 digits of account number	_____	\$ _____	\$ _____	\$ _____
Number Street		When was the debt incurred?	_____			
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Who incurred the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another						
<input type="checkbox"/> Check if this claim is for a community debt						
Is the claim subject to offset?						
<input type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1

Derrick

First Name

H.

Middle Name

Garber

Last Name

Document

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Part 4:**Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims
from Part 1

	Total claim
6a. Domestic support obligations	6a. \$ 6,800.00
6b. Taxes and certain other debts you owe the government	6b. \$ 1,310.00
6c. Claims for death or personal injury while you were intoxicated	6c. \$ 4,722.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ _____
6e. Total. Add lines 6a through 6d.	6e. \$ 12,832.50

Total claims
from Part 2

	Total claim
6f. Student loans	6f. \$ _____
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ _____
6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ _____
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ _____
6j. Total. Add lines 6f through 6i.	6j. \$ _____